## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

10/30/2009

7590

1900 UNIVERSITY AVENUE

BOZICEVIC, FIELD & FRANCIS LLP

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

24353

SUITE 200

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as infinited undersorrept below or directed otherwise in Block I, by (speekfying a two correspondence address; and/or (indicating a separate FEE ADDRESS' of the public of the maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

EAST PALO AI	TO, CA 94303			innied to the corre	0 (011) 213 2003; 011 ale	(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	1	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/748,976 12/29/2003		Anthony Joonkyoo Yun		PALO-004	8822	
TITLE OF INVENTION SYSTEM	H: TREATMENT OF F	EMALE FERTILITY C	ONDITIONS THROUGH	MODULATION C	OF THE AUTONOMIC I	NERVOUS
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DU	B DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	02/01/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
KAHELIN, MICHAEL WILLIAM 376		3762	607-003000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the p		, Bret E. F	ield
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is itsed, no name will be printed.			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rov 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is 1 tisted, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Uni-	ess an assignce is identa	fied below, no assignee	data will appear on the pa	stent. If an assignee	is identified below, the	document has been filed for
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Palo Alto Investors			Palo Alto, California			
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government						
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
Issue Fee			A check is enclosed.			
☑ Publication Fee (No small entity discount permitted)     ☐ Advance Order - # of Copies			∑ Payment by credit card. Form PTO-2038 is attached.  E   The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0815 (enclose an extra copy of this form).  On the property of the form of the property of the form.    Solution   Property   Prop			
			overpayment, to Depor	sit Account Number	50-0815 (enclose	an extra copy of this form).
<ol> <li>Change in Entity State</li> <li>a. Applicant claims</li> </ol>	us (from status indicated s SMALL ENTITY statu		☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
NOTE: The Issue Fee and interest as shown by the r	l Publication Fcc (if requeeords of the United Sta	nired) will not be accepte tes Patent and Trademark	d from anyone other than the Office.	ne applicant; a regist	ered attorney or agent; or	the assignee or other party in
Authorized Signature	/Bret E. Field, R	eg. No. 37,620/		Date	January 22, 2010	
	Bret E. Field	d			37,620	
Typed or printed name				Registration No.	·	
This collection of informa an application. Confident submitting the completed this form and/or suggestion Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 C iality is governed by 35 application form to the ons for reducing this bur- triginia 22313-1450. DO 13-1450.	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	on is required to obtain or re 1.14. This collection is esti- depending upon the indivi- e Chief Information Office COMPLETED FORMS TO	etain a benefit by the imated to take 12 mi idual case. Any com r, U.S. Patent and To THIS ADDRESS.	e public which is to file (ar mutes to complete, includi ments on the amount of t rademark Office, U.S. Dej SEND TO; Commissioner	d by the USPTO to process) ng gathering, preparing, and ime you require to complete sartment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

OMB 0651-0033